

# FEE TRANSMITTAL

		<i>Complete if known</i>
		Application Number: 10/769,930
		Filing Date: Feb. 2, 2004
		First Named Inventor: Kevin Kwong-Tai CHUNG
		Group Art Unit: 2624
		Examiner Name: Ali Bayat
		Attorney Docket No. AI-TECH-34A
Total Amt. of Payment: (1)+(2)+(3) = \$65		

<b>METHOD OF PAYMENT (check one)</b>		<b>FEE CALCULATION (continued)</b>																									
1. The Commissioner is hereby authorized to: <input checked="" type="checkbox"/> Charge indicated fees <input checked="" type="checkbox"/> Charge additional fees <input checked="" type="checkbox"/> Credit overpayments  to the account of DANN, DORFMAN, HERRELL & SKILLMAN <b>Deposit Account Number 04-1406</b>		<b>ADDITIONAL FEES</b> <b>Fee Description</b> <b>Fee Paid</b> Surcharge - late filing fee or oath _____ Surcharge - late provisional filing fee or cover _____ Extension for response within ____ month _____ Notice of Appeal _____ Filing a brief in support of an appeal _____ Request for oral hearing _____ Petition to revive unavoidably abandoned appl. _____ Petition to revive unintentionally abandoned _____ Issue Fee _____ Publication Fee _____ Petitions to the Commissioner _____ Request for Continued Examination (RCE) _____ Submission of Information Disclosure Stmt. _____ Recording each patent assignment per property _____ Other fee (specify) <u>Terminal Disclaimer</u> _____ 65  <b>SUBTOTAL (3) \$65</b>																									
<b>FEE CALCULATION</b> 1. <b>FILING FEE</b> <b>Fee</b> <b>Fee Description</b> <b>Fee</b> Utility filing fee _____ Design filing fee _____ Plant filing fee _____ Reissue filing fee _____  <b>SUBTOTAL (1) \$0</b>																											
2. <b>Claims</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Total</th> <th style="text-align: center;">Paid</th> <th style="text-align: center;">Extra</th> <th></th> <th style="text-align: center;">Fee</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">7</td> <td style="text-align: center;">- 7</td> <td style="text-align: center;">= 0</td> <td style="text-align: center;">x 25</td> <td style="text-align: center;">= 0</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">34</td> <td style="text-align: center;">- 34</td> <td style="text-align: center;">= 0</td> <td style="text-align: center;">x 105</td> <td style="text-align: center;">= 0</td> </tr> <tr> <td>Multiple Dependent (First presentation)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <b>SUBTOTAL (2) \$0</b>			Total	Paid	Extra		Fee	Total Claims	7	- 7	= 0	x 25	= 0	Independent Claims	34	- 34	= 0	x 105	= 0	Multiple Dependent (First presentation)							
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Submitted By: Clement A. Berard Reg. Number 29,613

Signature Clement A. Berard Date May 19, 2008

Deposit Account ID  
04-1406